

# Application for health and long-term care insurance as a student

## 1. My personal data

Last name		First name	Name at birth	
Postal code, city or town, street, house/building no.				
Date of birth	Place of birth	Country of birth	Citizenship	
Pension insurance no.	Telephone*/mobile telephone*		Email*	
Gender (m/w/d)	Marital status	Tax identification no. (TIN) 11-digit		

\* You are not required to provide us with your telephone number or your email address. We would like to use these communication channels in addition to written communication in order to contact you more quickly, if needed.

## 2. I am applying for insurance as a student due to:

☐ Start of studies
 ☐ Withdrawal from compulsory insurance
 ☐ Change of providers in accordance with Art. 173(2) Social Code, Volume V (SGB V)
 ☐ Termination of family insurance

## 3. Enrolment details

I am currently enrolled/will be enrolled at:

Name and address of the educational institution

State or state-approved university/college

☐ yes ☐ no

Please note: If you attend a technical college/vocational school, you must complete an application for voluntary insurance.

☐ PhD or ☐ Graduate or ☐ Master's or ☐ Additional or ☐ Advanced degree programme:

☐ no ☐ yes (please make a check mark next to the applicable type of degree programme)

<input type="checkbox"/> Preparatory language course/college	from	until
	from	until

Start of studies/enrolment date Start of the semester  
(Please include your current enrolment certificate.)

## 4. My previous periods of insurance (outside AOK PLUS)

### 4.1. Determination of entitlement to insurance – up to at least 18 months before application

from	until	statutory health insurer	<input type="checkbox"/> Voluntary member	<input type="checkbox"/> Compulsory member	<input type="checkbox"/> Family insurance
<input type="checkbox"/>					
<b>Type of health insurance</b>		<b>Health insurer for postal workers</b>	<b>No insurance</b>	<b>Private health insurance</b>	
<b>Free therapeutic care</b>		<b>81</b> Previously insured with AOK PLUS	<b>61</b> Previously insured with AOK PLUS	<b>41</b> Previously insured with AOK PLUS	
<b>51</b> Previously insured with AOK PLUS		<b>82</b> Previously insured with another statutory HI	<b>62</b> Previously insured with another statutory HI	<b>42</b> Previously insured with another statutory HI	
<b>52</b> Previously insured with another statutory HI		<b>83</b> No previous German health insurance	<b>63</b> No previous German health insurance	<b>43</b> No previous German health insurance	
<b>53</b> No previous German health insurance		<b>Previous insurance abroad</b>	<b>Other insurance</b>	<b>HI for railway workers (KVB)</b>	
		<b>01</b> Previously insured with AOK PLUS	<b>91</b> Previously insured with AOK PLUS	<b>71</b> Previously insured with AOK PLUS	
		<b>02</b> Previously insured with another statutory HI	<b>92</b> Previously insured with another statutory HI	<b>72</b> Previously insured with another statutory HI	
		<b>03</b> No previous German health insurance	<b>93</b> No previous German health insurance	<b>73</b> No previous German health insurance	

### AOK PLUS will fill this out

☐ (0) Notification procedure not required
 ☐ (1) Start of compulsory insurance
 ☐ (3) Termination/special termination
 ☐ (4) Closure/insolvency of the previous statutory health insurer
 ☐ (5) Establishment/expansion of a company health insurance fund

## 5. General information

☐ yes ☐ no Do you have any children? (if so, please provide evidence of parenthood)

☐ yes ☐ no Are you self-employed in addition to your studies?

Weekly working hours \_\_\_\_\_

☐ yes ☐ no Are you employed in addition to your studies?

Weekly working hours \_\_\_\_\_

☐ yes ☐ no Name and address of employer \_\_\_\_\_

Do you receive a pension? \_\_\_\_\_

Type of benefits \_\_\_\_\_

☐ yes ☐ no Do you receive social benefits? \_\_\_\_\_

Type of benefits \_\_\_\_\_

☐ yes ☐ no Are you entitled to financial assistance or free therapeutic care?

Type \_\_\_\_\_

from \_\_\_\_\_

until \_\_\_\_\_

☐ yes ☐ no Have you been exempted from compulsory health insurance for students in the past by a health insurance provider?

on \_\_\_\_\_

by \_\_\_\_\_

Only for foreign students: Are you entitled to coverage in accordance with transnational/international health insurance law? (If so, please attach a copy of your European Health Insurance Card/EHIC.)

☐ yes \_\_\_\_\_ ☐ no  
until \_\_\_\_\_

## 6. I am not eligible for non-contributory family insurance because

☐ my parents live abroad ☐ I have exceeded the income threshold ☐ I have exceeded the age limit

☐ my parents are privately insured ☐ other reasons

## 7. Our additional services

☐ yes ☐ no Do you need confirmation of your obligation to pay insurance contributions to submit to the Education and Training Assistance Office (BAföG)?

☐ yes ☐ no Do you need paperwork to apply for non-contributory family insurance for your family members (spouse or registered civil partner/children)?

## 8. Payment method for contributions

☐ The monthly contribution must be paid by direct debit.

Please fill in a **direct debit form (SEPA direct debit authorisation)** and submit the original version.

☐ I will pay my entire semester contribution in advance before the semester begins.

☐ I will transfer the monthly contributions myself by standing order.

## 9. Privacy policy:

The data will be collected and processed in order to fulfil our responsibilities in accordance with Art. 284 in conjunction with Art. 5 para. 1(9), 5 and 7, Art. 236 and Art. 175 SGB V. You are required to cooperate in accordance with Art. 60 SGB I and Art. 206 SGB V. Failure to participate may result in disadvantages in terms of your claim to the provision of health and long-term care insurance and to the determination of your contribution to health and long-term care insurance. Within the context of legal obligations and authorisation to notify, recipients of your data may include third parties or service providers hired by us. You provide your consent to the processing (collection, retention and use) of your data voluntarily. With your consent, we will use your data to contact you in writing or by phone to offer you further information or advice on the advantages of AOK PLUS or on private supplementary insurance offers from our partner companies. This privacy policy is enforceable only if you are at least 18 years of age. You can withdraw your consent at any time with future effect. This does not impact the legality of the processing carried out to this point on the basis of this consent. You can exercise your right to revocation by contacting AOK PLUS, Sternplatz 7, 01067 Dresden. You can also send your revocation by email to: service@plus.aok.de.

When you provide AOK PLUS with your tax identification number (TIN), AOK PLUS will inform the tax authority of the annual contributions paid by you to AOK PLUS and the amounts reimbursed to you by AOK PLUS together with your tax identification number (TIN). If you do not provide us with your TIN, AOK PLUS may request it from the Federal Central Tax Office if there is a reportable fact. XXXX If you have questions, please contact: AOK PLUS Data Protection Officer, 01058 Dresden, by email at: datenschutz@plus.aok.de, or by using the contact form at: plus.aok.de/datenschutzbeauftragter.

### Consent to data processing

☐ I hereby consent to AOK PLUS processing and using the data that I have provided in order to inform and advise me on the advantages of and latest news regarding AOK and on private supplementary insurance offers from AOK's partner companies, as well as to carry out opinion surveys, including by e-mail, phone or text message. This consent also applies in the event that the desired membership is not concluded. This consent is voluntary. I can withdraw my consent at any time with future effect.

I hereby confirm that this information, including the address, is correct. I have read the notes. Should this information change in future, I will inform AOK PLUS without need of any request to do so.

Stamp of AOK PLUS customer service  
consultant

Date \_\_\_\_\_

Signature and ID of AOK PLUS customer service consultant

Signature of member, or, in the case of minors, of the legal representative(s).

AOK PLUS will fill this out

☐ HB

☐ FB

☐ Fil

☐ MwM

☐ Tel

☐ Br

☐ VA

☐ TS

☐ Photo provided for EHIC

Insurance certificate issued

☐ yes ☐ no

# Explanations and further information

## Health/long-term care insurance

Students who are enrolled in state or state-approved universities or colleges are subject to compulsory insurance until the day of their 30th birthday at the latest ((Art. 5 para. 1(9) Social Code, Volume V (SGB V)). It may be possible to extend compulsory insurance if certain conditions have resulted in the loss of one or more semesters (e.g. gaining entrance to university through second-path education, period of voluntary military or civil service, etc.).

## Start of membership

Membership for compulsorily insured students starts with their first semester; at the earliest on the first day of their enrolment or of their confirmation at college or university.

## Termination

- **Cancellation of enrolment**  
Membership of compulsorily insured students ends with the end of the semester in which they withdraw from university.
- **30th birthday**  
The membership of compulsorily insured students ends at the end of the semester in which their 30th birthday falls.

## Payment of contributions

The monthly contributions for student health and long-term care insurance will either be deducted from your bank account on the 15th of the month by direct debit, or the entire semester's contribution must be paid in full in advance. If you participate in a SEPA direct debit procedure, then you will receive a pre-notification, together with the contribution assessment, with the total that we will deduct each month. The legally prescribed deadline for this advance notification is 14 days. When you submit a SEPA direct debit mandate, you agree to a reduction of this deadline to one day. Should your contribution change, we will inform you at least one day before we make the deduction from your bank account.

For each contribution still outstanding on expiration of the due date, we are obliged to charge a late payment fee (1 equivalent to the amount outstanding, rounded down to EUR 50).

## Amendments

As a member, you have a duty of disclosure and notification. Please inform us if you switch degree programs, cancel your enrolment or begin work as a self-employed worker/freelancer or begin an employment relationship.

## Coverage

From the start of your membership, you and your family members covered by this policy have the right to comprehensive health insurance coverage.

We have prepared brochures with more detailed information on benefits for you.

## Exception:

Your right to coverage will be suspended if you do not pay your contributions for two months. Coverage required for the treatment of acute pain, as well as for pregnancy, maternity and early detection screenings, are not included in this suspension of coverage. The suspension will end when all unpaid contributions and contributions due during the suspension have been paid in full, or if you require assistance pursuant to Volume II or Volume XII of the Social Code (SGB II or SGB XII).

Last name, first name \_\_\_\_\_  
 Address \_\_\_\_\_

**AOK PLUS – Die Gesundheitskasse  
 für Sachsen und Thüringen.  
 01058 Dresden**

**Internal note**

**Sales and marketing  
 >>Acquisition >>Applications/  
 contracts/assessments**

## Declaration of parenthood

Pension insurance number: \_\_\_\_\_

**I hereby truthfully declare that I have**

☐ One child ☐ Two children ☐ Three children ☐ Four children ☐ Five or more children

in total, who are as follows:

1. Child	_____	_____
	Last name, first name	DOB
2. Child	_____	_____
	Last name, first name	DOB
3. Child	_____	_____
	Last name, first name	DOB
4. Child	_____	_____
	Last name, first name	DOB
5. Child	_____	_____
	Last name, first name	DOB

Do you have more than five children who have not yet reached the age of 25? Please give details of any additional children on the reverse of this form.

The statements I have made are truthful. I am aware that false information may lead to a reassessment of my contributions.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

**Note on data protection:**

The data is collected and processed to fulfil our obligations in accordance with Art. 94(1) SGB XI, to determine the applicable contribution rate in long term care insurance in accordance with Art. 55(3) SGB XI. You are required to cooperate in accordance with Art. 50 SGB XI. Failure to cooperate may lead to disadvantages in the contribution assessment. You can find general information on data processing and your rights at: [aok.de/plus/datenschutzrechte](http://aok.de/plus/datenschutzrechte).

# Information on data processing and on your rights

Your data is safe with AOK PLUS because we are obligated to maintain the confidentiality of social data (Art. 35 Social Code, Volume I (SGB I)). The European Union's General Data Protection Regulation (GDPR) went into effect on 25 May 2018, providing you as a customer with even greater rights.

The following information will provide you with an overview of the collection and processing of your data and related rights.

## Why and on which legal basis do we process your personal data?

As a statutory provider of contributory health and long-term care insurance, AOK PLUS is responsible for maintaining or restoring the health of its insured parties, or improving their health, as well as offering help to those in need of care who require supportive assistance due to the severity of this need.

AOK PLUS finances its coverage and other expenses by levying contributions from employers and members. In order to perform these legally prescribed activities, AOK PLUS processes the necessary data.

This data is collected on the basis of the data subject's legal duties to cooperate (see, inter alia, Art. 60 et seqq. SGB I) or on the basis of the data subject's consent. Furthermore, pursuant to the Social Code, AOK PLUS also has the right to collect data on third parties (e.g. from your employer or care provider). Failure to cooperate may mean that we are unable to provide you with a full spectrum of coverage (lack or withdrawal of coverage).

For health insurance providers, the legal basis for data processing is Art. 284 SGB V; for long-term care insurance, it is Art. 94 SGB XI. Furthermore, AOK PLUS is required by legal regulations to carry out further functions for which personal data must be processed.

These include, in particular:

- Determining the insurance coverage and membership, including the data required to acquire insurance coverage
- Issuance of electronic health insurance cards
- Determining the contributions and the amounts, the person responsible for payment and the payment method
- Assessment of the insurer's obligation and the provision of services to the insured party, including the conditions for restriction of services, determination of the insured party's status regarding supplementary charges, and carrying out reimbursement of costs,
- contribution refunds, and determining the maximum contribution
- Supporting the insured party in the event of malpractice
- Covering treatment costs for fee-paying persons who are not compulsorily insured in accordance with Art. 264 SGB V
- Involvement of medical services
- Settling accounts with care providers, including assessing the legality and plausibility of invoice
- Ensuring that resource providers comply with contractual and legal obligations
- Ensuring that the provision of care is economical
- Settling accounts with other service providers
- Handling reimbursement and compensation claims vis-à-vis third parties
- Preparation, agreement and performance of morbidity-based remuneration agreements
- Preparation and performance of pilot projects, agreements on integrated forms of care and for the rendering of highly specialised services on an outpatient basis, including the performance of performance and quality audits
- Implementation of the structural risk adjustment and for preparation and implementation of structured treatment programs, including recruitment of insured individuals to participate in these
- Conclusion and performance of nursing care rate agreements, compensation agreements, as well as performance and quality agreements
- Consulting regarding preventive measures and rehabilitation and consulting on participation as well as on services and assistance with care
- Coordination of caregivers, advice on care and the performance of tasks in care facilities
- Performance of discharge and sick pay case management
- New member acquisition
- Compensation of employer contributions in the event of illness or maternity
- Combating malpractice in the health insurance industry (Art. 197(a) SGB V)
- Research

Furthermore, AOK PLUS processes data on the basis of express declarations of consent (Art. 6(1a) GDPR).

## What data do we process?

We process the following kinds of data:

1. Personal data (e.g. address and communication data, date of birth, photo)
2. Data on membership and its initiation
3. Data on existing insurance coverage
4. Contribution and payment data
5. Benefit, care and billing data including health data (e.g. diagnoses, sick leave)
6. Data on caregivers
7. Data in the case of legal representation
8. Data on optional tariffs and bonus programmes
9. Data on care providers and other partners
10. Data on employers and their tax consultancies
11. Date of interested individuals and participants in games of chance.

### Who has access to your data?

Data is transferred regularly, pursuant to legal regulations, to: Pension and accident insurance carriers, employment agencies (Bundesagentur für Arbeit), the Medical Service of the Health Insurance Funds, service providers, welfare authorities and, in the context of payment transactions, banks, employers and paying agents. Furthermore, data may only be transferred to certain parties in specific legal cases in accordance with Art. 67(d) et seqq. SGB X (e.g. police departments, local and municipal governments, tax authorities).

AOK PLUS may commission other service providers, committees or other providers (in particular processors) to fulfil its statutory obligations.

AOK PLUS may use and process the data subject's personal data which has been legitimately obtained and stored for other purposes, provided that there is another legal basis for this use or processing in the German Social Code or the data subject has provided their express consent.

## How long do we store your data for?

Data is stored for performance of duties and for the duration of the legally mandated retention periods (e.g. Art.110(a), SGB IV; Art. 304, SGB V; Art. 84, SGB X; Art. 107, SGB XI) and then deleted.

### What rights do you have?

- Right to information on the processed data (Art. 15 GDPR in conjunction with Art. 83 SGB X)
- Right to rectification of incorrect data (Art. 16 GDPR in conjunction with Art. 84 SGB X)
- Right to erasure (Art. 17 GDPR in conjunction with Art. 84 SGB X)
- Right to restriction of processing (Art. 18 GDPR in conjunction with Art. 84 SGB X)
- Right to withdraw consent (Art. 21 GDPR in conjunction with Art. 84 SGB X)
- Right to data portability (Art. 20 GDPR)
- When data is processed on the basis of the data subject's consent, the data subject has the right to withdraw this consent at any time with effect for the future. Who is responsible for data processing and who can you contact?

### Data controller:

AOK PLUS – Die Gesundheitskasse für Sachsen und Thüringen.  
01067 Dresden, Sternplatz 7, Telephone: 0800 1059000 (free of charge), [service@plus.aok.de](mailto:service@plus.aok.de),  
[www.aok.de/plus/datenschutzrechte](http://www.aok.de/plus/datenschutzrechte) Public corporation

Should you have any questions or feel that your personal data is not being rprocessed lawfully, you may contact us or our data protection officer. You can reach our tdata protection officer at:

### Data protection officer contact information:

AOK PLUS Data Protection Officer, 01058 Dresden, Germany: [datenschutz@plus.aok.de](mailto:datenschutz@plus.aok.de).  
Or use the contact form at [plus.aok.de/datenschutzbeauftragter](https://plus.aok.de/datenschutzbeauftragter).

### Do you have the right to lodge a complaint?

You have the right to lodge a complaint with the supervisory authority if you feel that your personal data is not being rprocessed legitimately. The address for the supervisory authority responsible for AOK PLUS is:

Data Protection and Transparency Officer of Saxony  
Postfach 11 01 32  
01330 Dresden, Germany



Postage  
paid by  
AOK PLUS

Deutsche Post   
**ANTWORT**

AOK PLUS – Die Gesundheitskasse  
für Sachsen und Thüringen.  
01058 Dresden, Germany



## Become a member now

Send us your membership application postage paid!

- 1 Print or stick the reply field at the top of a blank envelope.
- 2 Insert your completed application form into the prepared envelope and send it to AOK PLUS. We will pay postage on your behalf.
- 3 AOK PLUS will take care of all further details and will notify you should additional information be required.

